263-C-R02-0611-43000612-1 -263-C (P1) REV. 02 (06-11)	ASSESSOR RELEASE	Lawrence E. Stone Santa Clara County Assessor Exemptions Unit		
CHURCH LESSORS' EXEMPTION CLAI	M	West Tasman Campus 130 W Tasman Drive		
PROPERTY LEASED BY A CHURCH TO A PU SCHOOL, COMMUNITY COLLEGE, STATE C STATE UNIVERSITY, INCLUDING THE UNIVERSITY, INCLUDING THE UNIVERSITY, CALIFORNIA, USED JOINTLY WITH A CHUR	OLLEGE, OR ERSITY OF	San Jose, CA 95134 Ph: (408) 299-6460 exemptions@asr.sccgov.org www.sccassessor.org		
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and m Г	ailing address)			
		To receive the full exemption, this claim mu		
L	L	To receive the full exemption, this claim mu be filed with the Assessor by February 15.		
IDENTIFICATION OF APPLICANT LESSOR'S CHURCH OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
ADDRESS OF PROPERTY (NUMBER AND STREET)		20 20		
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER		
CITY, COUNTY, ZIP CODE USE OF PROPERTY Solution Claim is made for the following pro-	operty: (if there are numerous property and the name and	assessor's parcel number es of the property. perties, please attach a list that clearly identifies the d address of the lessee)		
CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the p The exemption claim is made for the following pro PROPERTY TYPE	operty: (if there are numerous pro	ASSESSOR'S PARCEL NUMBER		
CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the p The exemption claim is made for the following pro PROPERTY TYPE Land Land	operty: (if there are numerous property and the name and	assessor's parcel number es of the property. perties, please attach a list that clearly identifies the d address of the lessee)		
CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the p The exemption claim is made for the following pro PROPERTY TYPE	operty: (if there are numerous property and the name and	assessor's parcel number es of the property. perties, please attach a list that clearly identifies the d address of the lessee)		
CITY, COUNTY, ZIP CODE USE OF PROPERTY Scheck and state the p The exemption claim is made for the following pro PROPERTY TYPE Land Buildings and Improvements Personal Property	operty: (if there are numerous property and the name and	assessor's parcel number es of the property. perties, please attach a list that clearly identifies the d address of the lessee)		
CITY, COUNTY, ZIP CODE  USE OF PROPERTY  Check and state the p The exemption claim is made for the following pro PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by th	operty: (if there are numerous pro property and the name and PRIMARY USE(S)	20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the d address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         s, or charges from the lease does not exceed the ordinal		
CITY, COUNTY, ZIP CODE  USE OF PROPERTY  Check and state the p The exemption claim is made for the following pro PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by th and usual expenses in maintai	poperty: (if there are numerous property and the name and PRIMARY USE(S) PRIMARY USE(S) ne church in the form of rents, fees ning and operating the leased pro	20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the d address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         s, or charges from the lease does not exceed the ordina		
CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the p         The exemption claim is made for the following pro         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by the and usual expenses in maintait         An affidavit must be attached in the attached in the period of the pe	poperty: (if there are numerous property and the name and PRIMARY USE(S) PRIMARY USE(S) ne church in the form of rents, fees ning and operating the leased pro in which the lessee declares CERTIFICATION or the laws of the State of California	20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the         d address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         s, or charges from the lease does not exceed the ordina operty.         a it uses the property for exempt purposes.         a that the foregoing and all information hereon, including and all information hereon.		
CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the p         The exemption claim is made for the following pro         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by the and usual expenses in maintait         An affidavit must be attached in the attached in the period of the pe	poperty: (if there are numerous property and the name and PRIMARY USE(S) PRIMARY USE(S) ne church in the form of rents, fees ning and operating the leased pro in which the lessee declares CERTIFICATION or the laws of the State of California	20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the         d address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         s, or charges from the lease does not exceed the ordina operty.         a it uses the property for exempt purposes.		
CITY, COUNTY, ZIP CODE USE OF PROPERTY Scheck and state the p The exemption claim is made for the following pro PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by th and usual expenses in maintai An affidavit must be attached i I certify (or declare) under penalty of perjury under accompanying statements	poperty: (if there are numerous property and the name and PRIMARY USE(S) PRIMARY USE(S) ne church in the form of rents, fees ning and operating the leased pro in which the lessee declares CERTIFICATION or the laws of the State of California	20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the         d address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         s, or charges from the lease does not exceed the ordina operty.         s it uses the property for exempt purposes.         a that the foregoing and all information hereon, including are of the best of my knowledge and belief.		
CITY, COUNTY, ZIP CODE  USE OF PROPERTY   Check and state the p  The exemption claim is made for the following pro  PROPERTY TYPE  Land  Buildings and Improvements  Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION  MAILING ADDRESS  Yes No The total income received by th and usual expenses in maintai  An affidavit must be attached i  I certify (or declare) under penalty of perjury unde accompanying statements  SIGNATURE OF PERSON MAKING CLAIM	poperty: (if there are numerous property and the name and PRIMARY USE(S) PRIMARY USE(S) ne church in the form of rents, fees ning and operating the leased pro in which the lessee declares CERTIFICATION or the laws of the State of California	ASSESSOR'S PARCEL NUMBER ASSESSOR'S PARCEL NUMBER ASSESSOR'S PARCEL NUMBER ASSESSOR'S PARCEL NUMBER INCIDENTAL USE INCIDENTAL USE CITY, STATE, ZIP CODE CI		



## INSTRUCTIONS FOR FILING CHURCH LESSORS' EXEMPTION CLAIM

#### **IMPORTANT NOTICE**

This claim may be filed to claim the welfare exemption on property leased by a church to a public school, community college, state college, state university, including the University of California when the church and public school or college both use the property in a joint manner. (See Revenue and Taxation Code section 214.6.)

Although the church has previously been granted the religious exemption, which only requires a one-time filing, annual filing of this claim form is required for a property used in conjunction with a public school to be granted the welfare exemption.

Failure to submit the public school or college lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the lessors' claim form is due will result in a portion of the exemption being denied. A sample affidavit is included as page 3 of this form.

### **IDENTIFICATION OF APPLICANT**

Enter your church, corporate or organization information.

### **IDENTIFICATION OF PROPERTY**

Enter the address of the property for which you are seeking exemption.

### **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

### **USES OF PROPERTY**

Check each of the types of property being claimed, and state the primary and incidental uses of the property. Primary use may include both church and school use; incidental uses would include others who use the property for meetings, receptions, etc.

Enter the name and address of the public school or college lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Check the appropriate box to affirm that the total income received by the church in the form of rents, fees, or charges from the lease does not exceed the ordinary and usual expenses in maintaining and operating the leased property. The exemption is not available if the income exceeds the ordinary and usual expenses in maintaining and operating the leased property.

Attach an affidavit in which the public school or college lessee declares it uses the property for exempt purposes.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.



RETURN THIS AFFIDAVIT TO LESSOR

# AFFIDAVIT FOR EXECUTION BY QUALIFYING PUBLIC SCHOOL LESSEES

NAME OF QUALIFY	'ING PU	BLIC SCHOOL LESSEE			
MAILING ADDRESS	3				
CITY, STATE, ZIP CO	ODE				
Check the typ	pe of q	ualifying use of the property			
PUBLIC SCHOOL     STATE UNIVERSITY					
	MUN	TY COLLEGE	UNIVERSITY OF CALIFORNIA		
STA	TE CO	LLEGE			
NAME OF CHURCH	1				
MAILING ADDRESS	6				
CITY, STATE, ZIP CO	ODE				
DATE LEASE SIGNED			COMMENC	CEMENT DATE OF LEASE	
		THE ASSESSOR	MAY REQUEST A COPY OF THE LEASE AGREEN	IENT	
		s leased as of January 1 of this y sting if necessary.	year. If personal property is being leased, in	ndicate the t	ype, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL) PROPERTY DES		PROPERTY DESCRIPTION			
		espect to lessees that are poli t government entity leasing the	tical subdivisions of the state, the prope e same.	erty is locate	ed within the boundaries of the
			a student bookstore that generates unrel	ated busine	ss taxable income as defined in
		n 512 of the Internal Revenue ( a copy of the institution's mo	Code. ost recent tax return filed with the Intern	al Revenue	e Service must accompany this
i	affidav		ed by establishing a ratio of the unrelated		
			CERTIFICATION		
I certify (or decla			aws of the State of California that the foreg uments, is true and correct to the best of m		
SIGNATURE OF PERSON MAKING CLAIM			DATE		
NAME OF PERSON MAKING CLAIM			TITLE		
EMAIL ADDRESS				DAYTIM	E TELEPHONE
			NT IS SUBJECT TO PUBLIC INSPE		)

